Gary Uhl then turned the participants' attention to the Open Forum Session. This session was moderated by Randy Pope of National Alliance of State and Territorial AIDS Directors (NASTAD).

Open Forum Discussion on the HD Evaluation Guidance

Randy Pope, Moderator
National Alliance of State and
Territorial AIDS Directors (NASTAD)

Randy Pope introduced the panel which included: Robert Komescher, Chalres Collins, Marlene Glassman, Gary Uhl, and Deputy Chief of the Program Evaluation and Research Branch of CDC, Bob Moran.

Before beginning the session, Randy Pope announced the formation of a web-based listserv to communicate about evaluation issues created by Jim Luther, and which is as follows:

subscribe: evaluationguidance-subscribe@yahoogroups.com
web: http://groups.yahoo.com/group/evaluationguidance

Randy Pope indicated that the panel would welcome questions of a broad range, including evaluation in general, the future of the Evaluation Guidance, and any other issues. He explained that the opportunity for open dialogue with colleagues at CDC is an important part of the fight against the AIDS epidemic. He then introduced David Napp who acted as facilitator for the group, who first set the ground rules and then opened the floor for discussion.

Discussion Summary:

- An inquiry was posed as to whether CDC had begun a discussion, or come to any conclusions about, what portion of grant awards should be dedicated to various components of evaluation, to data collection, to capacity-building, etc. Also asked was whether there would be technical assistance to grantees as movement was made toward standardized approaches (e.g., Will there be any funds to support it?).

- Marlene Glassman replied that CDC had not discussed additional funding. She reminded the group about the supplemental funding that is available for evaluation. She stressed

that how that is parceled out among the various activities is left to the discretion of the health departments. Charles Collins added that many questions have centered around whether health departments can purchase computers for CBO's that do not have them as part of evaluation capacity-building. He said that they could do so.

- Gary Uhl added that the Cooperative Agreement had not specified what proportion of funds should or could be used for evaluation. He wondered whether it was possible with these prevention dollars to designate a percentage for evaluation overall, and then individually for different tasks. He suggested that it would be a topic worth discussing as the next Cooperative Agreement was created. Bob Moran commented that serious discussions would begin in January, 2002 and that issue would be part of the deliberations.

- Charles Collins was asked what role he envisioned for CDC Prevention Training Centers for grantees and subcontractors in the area of behavioral science, particularly given the comment that behavioral interventions had not been evaluated or emphasized.

- Charles Collins responded that training in the Guidance had been conducted for health departments when the Guidance was distributed a year previously. This meeting is the first "booster session" for the training. Before this meeting, they received calls from six health departments indicating that the staff who had gone through the initial training were no longer working with them. Regarding the Prevention Training Centers, their goal is that they use the same language as the Evaluation Guidance. He acknowledged that CDC had been criticized for being slow at diffusing behavioral interventions into the field. Therefore, a major initiative has been included in the current year budget. The AIDS Community-Based Demonstration Project is one of the four interventions that will go into the field first. He stressed that CDC is committed to community-level interventions.

- It was noted that the case studies in evaluation capacity would be helpful if they included descriptive information about the exact evaluation questions states are asking and their methods. Sharing of basic ideas could be done via conferences and phone calls as well.

- Gary Uhl responded that the study of the six health departments' evaluation capacity would include specific, successful strategies and models that the departments use for HIV prevention program evaluation. The ensuing report will detail successful approaches. Marlene Glassman commented that the other study on the impact of the Guidance is not designed to yield details on how the Guidance is being carried out; however, they are developing a resource manual with examples of evaluation strategies. Bob Moran added that sharing creative approaches in a timely way is an important part of what CDC can do.

- Regarding the issue of outcome evaluation and monitoring, a participant noted that CDC was revising those guidelines and pointed out that outcome monitoring fit into the logic model of most community-based agencies which "bought into" the technique. There are ethical issues, but the results can build capacity.

- Marlene Glassman answered that reconciling the issues with outcome evaluation has presented the opportunity to talk with NASTAD and health departments to re-frame requirements and to put emphasis on outcome monitoring. Outcome monitoring often yields immediate results for the community-based organizations, said Charles Collins, which can lead to program improvement and motivation to continue.

- Gary Uhl added that the Evaluation Guidance started four years ago, and there were suggested requirements in the initial document. As the process was built on consensus, and because of space considerations, that chapter was not considered to be a requirement. With regard to the new Cooperative Agreement, there will be discussions about whether including outcome monitoring for health departments is appropriate.

- Lisa Randall, from Michigan, commented that her department had spent a great deal of time and expertise setting the parameters for evaluation, which is important. She asked what sort of consideration CDC is giving to some concrete and technical guidance, and for support around actually using the evaluation. She pointed out that there was not much discussion about how the data that they are generating will be used for program management at the state level, or to improve the quality of programs at the local level.

- Marlene Glassman agreed, pointing out that they have conducted a number of sessions at various conferences about use of data, and that there is a chapter on that topic in the resource manual. She said they should consider other ways to convey the message of the utility of data and how it can be used to improve planning and programs.

- Charles Collins added that using the data means it is continually improved. The capacity-building branch has learned that training is needed in how to use data for program improvement. ORC MACRO is helping them design a curriculum around the use of data for program improvement. When the curriculum is created, there will be three pilots to test it, and then it will be distributed. The technical assistance system needs to focus on this topic as well, he said.

- It was noted that the focus of the Evaluation Guidance, and of the data being collected, should be on use and the utility of that data The questions asked around evaluation drive the data variables. There are different purposes for different audiences. In preparation for the meeting, they asked the jurisdictions how they were using their data, and some very good strategies emerged. CDC should, therefore, unify how health departments use

the data.

- Bob Moran said that the data collected from surveys of community-based organizations will help CDC project officers work with the CBO's to discover whether the populations that need to be reached are being reached, or whether populations that are just there and are easy to reach are being accessed.

- David Napp pointed out that the two breakout sessions would address the use of data.

- Kristy Benton of Arizona asked about the evaluation capacity of health departments. The Guidance had led her state to focus on increasing their evaluation capacity. In increasing their capacity, and in receiving further updates on CDC requirements, they had difficulty when they were called on for technical assistance, as they did so without compensation. She also inquired about capacity-building assistance to respond to new CBO Guidance Guidelines. Supplemental money received represents a percent of their budget for evaluation, she said, and they are strained.

- Marlene Glassman commented on the pending CBO Guidance, noting that it will consist of two major chapters (e.g., Implementation Planning and Process Monitoring). The structure is the same as the Health Department Guidance, so she did not anticipate that there would be problems with the health departments understanding the Guidance. Moreover, CDC plans for regional trainings for CBO's.

- Charles Collins recognized that the over-350 directly-funded organizations would have a number of questions when they received their Evaluation Guidance. CDC is beginning to plan for these needs, putting together a team to help with the CBO Evaluation Guidance. They have four capacity-building providers, and they are working to build their capacity to assist CBO's.

- Marlene Glassman was asked to reflect on the basic question that the Evaluation Guidance is trying to answer. There do not appear to be any measures to identify the risk levels of the people who interventions reach. For instance, more "risky" people may be included in a late-night, group-level intervention. It is not clear in the evaluation project whether there are indicators in prevention case management.

- Marlene Glassman noted that the Resource Manual will address risk assessments and include sample forms to identify levels of risk. It is up to the health departments to work with grantees to ensure that they are reaching people at high risk to use resources more effectively. Charles Collins agreed, encouraging work with CBO providers to see what form of risk assessment is being done with clients, particularly with the target populations of group-level interventions. The CDC planning representative noted that

many applicants assume that just because a population is sexually active, they are at risk, which is not necessarily the case. Such aspects as whether the clients are a sexually active population in a population with a high rate of sexually-transmitted diseases must be considered, he said.

- A question was posed about CDC's growing emphasis on prevention interventions, and whether they anticipated collecting data on these interventions in the future, and what they are doing to disseminate information to people who are infected.

- The CDC planning representative said that when they review applications for continued funding, they do not see many interventions that include dissemination to infected persons. They have an upcoming conference that will address the issue of interventions with people who are infected, and he expected much more emphasis on it in the future.

- Marlene Glassman added that the Guidance did not include data on risk behavior because it is not behaviorally-based. She encouraged community-planning groups to make HIV-positives a priority population and to do appropriate interventions for them. She encouraged the attendees to inform CDC about their work in this population. There is a new table that asks about groups' allocations for interventions for HIV-positive persons.

- A participant noted that a number of health departments and CBOs participated over a several-month period in the development of a "how-to" manual for the CBO Guidance. During that period, some valuable bits of information related to the implementation of the Guidance emerged. This information included areas of consideration for revisions in the future. With that in mind, an inquiry was posed as to how that information will be made available to CBOs and health departments. With regard to new standards, an inquiry was posed as to how many jurisdictions have developed and implemented very good standards for their programs (which should be taken into consideration).

- The CDC planning representative noted that there would be a session on the CBO Guidance that day, and that drafts of the "how-to" Manual would be available. He assumed that once the draft is approved and revised, then they would be made available to health departments who are working closely with CBO's that are funded by health departments and/or CDC. Suggestions for revising the Health Department Guidance will be taken systematically, along with notes from the meeting, will be taken as recommendations and examined.

- Marlene Glassman commented that a project was examining intervention quality standards that could lead to those issues, and to sharing information with health departments and CBOs.

- A participant noted that with regard to the local health departments' electronic reporting systems, their department had developed its own system that will be online in six to nine months. An inquiry was posed as to whether they should use their system, or wait for the CDC ERAS system. This participant indicated that he was puzzled by the timing of the rollout of the ERAS system. Many local health departments have invested resources in their own electronic systems and are not sure how best to report the data, whether their systems will be compatible with ERAS, whether the ERAS will one day become mandatory, et cetera. He expressed concern that many of the local health departments are in a "holding pattern."

- Marlene Glassman agreed, acknowledging that not developing software for health departments earlier was a mistake. The software would be developed in collaboration with health departments to ensure that it would fulfill their needs as well as requirements of the Evaluation Guidance. ERAS is a different approach and can accept data from a variety of sources.

At the close of this session, the participants reconvened in the following concurrent sessions:

Concurrent Session One:

- Outcome Evaluating/Outcome Monitoring
- Data Collection, Reporting, and Quality Assurance
- Building Infrastructure for Evaluation
- Use of Data/Fostering Buy-in

Concurrent Session Two:

- Outcome Evaluation/Outcome Monitoring
- Data Management
- CBO Evaluation Guidance
- Use of Data/Fostering Buy-In